

Tools and Technologies Theme

The sessions for this theme will run from 11.00 a.m. on Monday to 2 p.m. on Tuesday. There will be four sessions, each running for approximately 90 minutes: the results of these will be presented as part of a final cross-theme plenary later on Tuesday afternoon.

In contrast to previous joint conferences, this year's meeting has been organized as an invitation-only workshop, with the participants working together in five separate groups – one group per theme – to produce a summary report of value to the whole meeting, as well as to the wider community. During the sessions, we will aim to identify opportunities for the re-use of existing tools and technologies, as well as requirements for the development of new infrastructure. We will look for “easy wins” and “next steps”, reporting what is available now, and what can be achieved in the near future.

Some of the participants will be in a position to discuss needs and expectations, and present concrete examples of situations in which appropriate technology could make a significant difference to the research that they conduct or support, or to the health services that they help to deliver. Others will be in a position to present specific tools and technologies, to report upon existing deployments, and to explore the potential for re-use, development, and integration.

We would be very grateful you could have an appropriate presentation ready – 5 to 10 minutes, with or without slides – summarizing your interest in, or a particular contribution to, the discussion.

We will use these presentations to punctuate, inform, and drive the four sessions. We will not organize them into fixed slots, but rather allow as much time as seems appropriate for related discussion: if you have additional material that might support that discussion – further slides to show, or a tool demonstration to present – then this would be very welcome.

We have chosen an initial focus, a particular area of interest, for each of the sessions. The four areas are (1) data acquisition; (2) data sharing and re-use; (3) data analysis; (4) data storage and security. However, we anticipate changes in focus, and in the balance of discussion, as the meeting progresses – and will be ready to extend any particularly profitable discussion across session boundaries.

Across these four areas, we would expect to address topics such as: patient-provided data and patient portals; patient follow-up and quality of life; late-onset and low-level adverse events; data standards and integration; annotation of legacy data sets; coordination of trial and study design at the portfolio level; support for meta-analysis and sub-studies; adaptive and biomarker-based trials; the production of evidence bases; re-use of clinical trial data for longitudinal studies; sample collection and management; scientific workflows, provenance and accountability; software tools and production environments for translational research; next generation sequencing.

We would welcome any input that you might have before, as well as during, the meeting that would help us refine and extend this list of topics, and we look forward to seeing you in June!

best wishes

George and Jim

George Komatsoulis, Ph.D.
Deputy Director, Center for Biomedical Informatics and Information Technology
Chief Information Officer (acting)
National Cancer Institute

Jim Davies
Director, Software Engineering Programme
Professor of Software Engineering
University of Oxford